

## State Water Resources Control Board

Division of Drinking Water

October 17, 2017

Mr. Cruz Rivera, Board Vice President  
Plainview MWC – Central Water - 5400682  
P. O. Box 942  
Strathmore, CA 93267

**Citation No. 03\_12\_17C\_035**  
**Total Coliform Maximum Contaminant Level Violation**  
**For July and August 2017**

Dear Mr. Rivera:

Enclosed is a Citation issued to the Plainview MWC - Central Water (hereinafter "Water System") public water system. Please note that there are legally enforceable deadlines associated with this Citation beginning on page 4.

The Water System will be billed at the State Water Resources Control Board's (hereinafter "State Water Board"), hourly rate for the time spent on issuing this Citation. California Health and Safety Code, (hereinafter "CHSC"), Section 116577, provides that a public water system must reimburse the State Water Board for actual costs incurred by the State Water Board for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation.

The Water System will receive a bill sent from the State Water Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Water System for the current fiscal year.

Any person who is aggrieved by a citation, order or decision issued by the Deputy Director of the Division of Drinking Water under Article 8 (commencing with CHSC, Section 116625) or Article 9 (commencing with CHSC, Section 116650), of the Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4) may file a petition with the State Water Board for reconsideration of the citation, order or decision. Appendix 1 to the enclosed Citation contains the relevant statutory provisions for filing a petition for reconsideration. (CHSC, Section 116701).

Petitions must be received by the State Water Board within 30 days of the issuance of the citation, order or decision by the Deputy Director. The date of issuance is the date when the Division of Drinking Water mails a copy of the citation, order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day by 5:00 p.m.

Information regarding filing petitions may be found at:

[http://www.waterboards.ca.gov/drinking\\_water/programs/petitions/index.shtml](http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml)

If you have any questions regarding this letter, please contact Jason Cunningham of my staff at (559) 447-3484.

Sincerely,



Tricia A. Wathen, P.E.  
Senior Sanitary Engineer, Visalia District  
SOUTHERN CALIFORNIA BRANCH  
DRINKING WATER FIELD OPERATIONS

District webpage: [http://www.waterboards.ca.gov/drinking\\_water/programs/districts/visalia\\_district.shtml](http://www.waterboards.ca.gov/drinking_water/programs/districts/visalia_district.shtml)

TAW/LR

Enclosures

Certified Mail No. 7016 3010 0000 0446 3359

cc: Mr. Tom Day, P. O. Box 10642, Terra Bella, CA 93270

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

**Name of Public Water System:** Plainview MWC - Central Water

**Water System No:** 5400682

**Attention:** Mr. Cruz River, Board Vice President

19675 Vista Ave.

Strathmore, CA 93267

**Issued:** October 17, 2017

CITATION FOR NONCOMPLIANCE WITH  
CALIFORNIA HEALTH AND SAFETY CODE, SECTION 116555(a)(1) AND  
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1

TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

July and August 2017

The California Health and Safety Code (hereinafter "CHSC"), Section 116650 authorizes the State Water Resources Control Board (hereinafter "State Water Board"), to issue a citation to a public water system when the State Water Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued or adopted thereunder.

1 The State Water Board, acting by and through its Division of Drinking Water (hereinafter  
2 "Division") and the Deputy Director for the Division, hereby issues Citation No. 03\_12\_17C\_035  
3 (hereinafter "Citation"), pursuant to Section 116650 of the CHSC to the Plainview MWC - Central  
4 Water (hereinafter "Water System"), for violation of CHSC, Section 116555(a)(1) and California  
5 Code of Regulations (hereinafter "CCR"), Title 22, Section 64426.1.

6  
7 A copy of the applicable statutes and regulations are included in Appendix 1, which is attached  
8 hereto and incorporated by reference.

### 9 10 **STATEMENT OF FACTS**

11 The Water System is classified as a community water system with a population of approximately  
12 138 persons, served through 42 service connections.

13  
14 CHSC, Section 116555(a)(1) requires all public water systems to comply with primary drinking  
15 water standards as defined in CHSC, Section 116275(c). Primary drinking water standards  
16 include maximum levels of contaminants and the monitoring and reporting requirements as  
17 specified in regulations adopted by the State Water Board that pertain to maximum contaminant  
18 levels.

19  
20 CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level (hereinafter "MCL"),  
21 states that a public water system is in violation of the total coliform MCL if it collects fewer than  
22 40 bacteriological samples per month and if more than one sample collected during any month is  
23 total coliform-positive.

24  
25 The Water System is required to collect a minimum of one (1) distribution system bacteriological  
26 sample per month. The State Water Board received laboratory results for five (5) bacteriological  
27 samples collected during July 2017 from the Water System. All samples were analyzed for the  
28 presence of total coliform bacteria. Two (2) of the five (5) samples analyzed were positive for total



1 coliform bacteria. In addition, four (4) of ten (10) samples collected during the month of August  
2 2017 were also positive for total coliform bacteria. None of the total coliform positive samples  
3 showed the presence of *Escherichia coli* (*E. coli*) bacteria. All water samples for coliform bacteria  
4 are summarized in Appendix 2 and 3.

5  
6 Furthermore, pursuant to the Federal Revised Total Coliform Rule (FRTCR), a Level 2  
7 Assessment is triggered whenever a water system has a minimum of two Level 1 Treatment  
8 Technique (TT) triggers within a 12 month period. The State Water Board began implementing  
9 the FRTCR on April 1, 2016. Accordingly, a Level 2 assessment was conducted by State Water  
10 Board staff on August 16, 2017. As a result of the assessment, a number of deficiencies were  
11 found that could have potentially contributed to the presence of total coliform bacteria. This is  
12 noted in the State Water Board's letter to the Water System in Appendix 4. The Water System  
13 previously failed the Total Coliform Maximum Contaminant Level (TCRMCL) for the month of  
14 March 2017. The cause of the contamination for the March, July and August 2017 failure has not  
15 been conclusively determined. As such, the State Water Board has directed the Water System to  
16 initiate continuous disinfection of the water delivered from its well.

17  
18 Public notification to the customers of the Water System was conducted accordingly for the  
19 failures in July and August 2017. Copies of the notices and proofs of notification forms are  
20 included in Appendices 5 and 6.

## 21 22 DETERMINATION

23 The Water System took fewer than 40 bacteriological samples during July and August 2017. The  
24 results of two (2) samples from July 2017 were total coliform positive and four (4) samples  
25 collected during the month of August 2017 were also positive for total coliform bacteria.  
26 Therefore, the State Water Board has determined that the Water System has failed to comply  
27 with drinking water standards pursuant to CHSC, Section 116555(a)(1) and CCR, Title 22, Section  
28 64426.1 during July and August 2017.

**DIRECTIVES**

The Water System is hereby directed to take the following actions:

1. Comply with CCR, Title 22, Section 64426.1, in all future monitoring periods.
2. The Water System shall include this violation in the [Calendar Year] Consumer Confidence Report in accordance with CCR, Title 22, Section 64481(g)(1).
3. The Water System has installed continuous chlorination equipment on the discharge of all wells. The Water System shall have on staff or under contract a minimum of a D1 (distribution Level 1) Certified Operator to operate the chlorination equipment. Documentation of the certification of the operator shall be provided to the State Water Board by **November 15, 2017**.
4. By **November 15, 2017** the Water System shall prepare and submit a Chlorination Operations Plan to the State Water Board for review. The attached Chlorination Treatment Operations Plan form provided in Appendix 7 when completed and submitted to the State Water Board may be utilized for this purpose.
5. The chlorine residual shall be measured at the time and location of the collection of the monthly distribution system bacteriological samples. This residual shall be provided to the State Water Board on the laboratory analytical report.
6. By **November 15, 2017** the Water System shall submit an application to the State Water Board for a permit to allow the continuous chlorination of the water supply by completing and submitting the attached Application for a Domestic Water Supply Permit Amendment form (see Appendix 8).

7. The Water System shall initiate monthly sampling of the raw well water for coliform bacteria. The sample must be collected at a location ahead of chlorination and shall be analyzed for total coliform or *E. coli* bacteria using a density analytical method with the analytical results reported in MPN/100 ml. The results of all samples shall be submitted to the State Water Board by the 10<sup>th</sup> day of the following month.
8. The Water System shall initiate distribution sampling for **TTHM and HAA5** on an **annual basis starting** in the summer of 2018. The Stage 2 DBP Monitoring Plan form provided as Appendix 9, shall be completed and submitted to the State Water Board by **December 31, 2017** for review and approval. The sample(s) must be collected during the month of warmest water temperature (July, August or September) from a location representing the maximum residence time in the distribution system. If the annual sample(s) exceeds the MCL, the monitoring frequency for TTHM and HAA5 will be increased to 1 sample per quarter. The Water System must notify the State Water Board if an exceedance of the TTHM, HAA5 MCLs or Chlorine Disinfectant MRDL (maximum residual disinfectant level) of 4.0 mg/L occurs. These levels are listed below pursuant to CCR, Title 22, Section 64534.2.

<u>Contaminant</u>	<u>MCL</u>
Total Trihalomethane (TTHM)	0.080 mg/L
Haloacetic Acids (HAA5)	0.060 mg/L
	<u>MRDL</u>
Chlorine	4.0 mg/L as Cl <sub>2</sub>

All submittals required by this Citation shall be electronically submitted to the State Water Board at the following address. The subject line for all electronic submittals corresponding to this citation



shall include the following information: Water System name and number, citation number and title of the document being submitted.

Tricia A. Wathen, P.E., Senior Sanitary Engineer  
State Water Resources Control Board  
Division of Drinking Water, Visalia District  
265 W. Bullard Ave, Suite 101  
Fresno, CA 93704  
[Dwpdist12@waterboards.ca.gov](mailto:Dwpdist12@waterboards.ca.gov)

The State Water Board reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Water System of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

#### **PARTIES BOUND**

This Citation shall apply to and be binding upon the Water System, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

#### **SEVERABILITY**

The directives of this Citation are severable, and the Water System shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

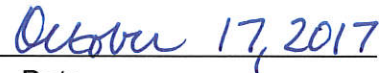


**FURTHER ENFORCEMENT ACTION**

The California SDWA authorizes the State Water Board to: issue a citation or order with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the State Water Board to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the State Water Board, and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the State Water Board. The State Water Board does not waive any further enforcement action by issuance of this Citation.



Tricia Wathen, P.E.  
Senior Sanitary Engineer, Visalia District  
DRINKING WATER FIELD OPERATIONS BRANCH



Date

## Appendices (8):

1. Applicable Statutes and Regulations
2. Summary of Distribution Bacteriological Samples
3. Summary of Source Bacteriological Samples
4. Level 2 Assessment Findings and Report
5. Public Notice for July and August 2017
6. Proof of Notification Form
7. Chlorination Plan Template
8. Permit Amendment Application
9. Disinfection By Product Plan Template



Certified Mail No. 7016 3010 0000 0446 3359

**APPENDIX 1. Applicable Statutes and Regulations for  
Citation No. 03\_12\_17C\_035  
Total Coliform Maximum Contaminant Level Violation**

*NOTE: The following language is provided for the convenience of the recipient, and cannot be relied upon as the State of California's representation of the law. The published codes are the only official representation of the law. Regulations related to drinking water are in Titles 22 and 17 of the California Code of Regulations. Statutes related to drinking water are in the Health & Safety Code, the Water Code, and other codes.*

**California Health and Safety Code (CHSC):**

**Section 116271 states in relevant part:**

(a) The State Water Resources Control Board succeeds to and is vested with all of the authority, duties, powers, purposes, functions, responsibilities, and jurisdiction of the State Department of Public Health, its predecessors, and its director for purposes of all of the following:

- (1) The Environmental Laboratory Accreditation Act (Article 3 (commencing with Section 100825) of Chapter 4 of Part 1 of Division 101).
- (2) Article 3 (commencing with Section 106875) of Chapter 4 of Part 1.
- (3) Article 1 (commencing with Section 115825) of Chapter 5 of Part 10.
- (4) This chapter and the Safe Drinking Water State Revolving Fund Law of 1997 (Chapter 4.5 (commencing with Section 116760)).
- (5) Article 2 (commencing with Section 116800), Article 3 (commencing with Section 116825), and Article 4 (commencing with Section 116875) of Chapter 5.
- (6) Chapter 7 (commencing with Section 116975).
- (7) The Safe Drinking Water, Water Quality and Supply, Flood Control, River and Coastal Protection Bond Act of 2006 (Division 43 (commencing with Section 75001) of the Public Resources Code).
- (8) The Water Recycling Law (Chapter 7 (commencing with Section 13500) of Division 7 of the Water Code).
- (9) Chapter 7.3 (commencing with Section 13560) of Division 7 of the Water Code.
- (10) The California Safe Drinking Water Bond Law of 1976 (Chapter 10.5 (commencing with Section 13850) of Division 7 of the Water Code).
- (11) Wholesale Regional Water System Security and Reliability Act (Division 20.5 (commencing with Section 73500) of the Water Code).
- (12) Water Security, Clean Drinking Water, Coastal and Beach Protection Act of 2002 (Division 26.5 (commencing with Section 79500) of the Water Code).

(b) The State Water Resources Control Board shall maintain a drinking water program and carry out the duties, responsibilities, and functions described in this section. Statutory reference to "department," "state department," or "director" regarding a function transferred to the State Water Resources Control Board shall refer to the State Water Resources Control Board. This section does not impair the authority of a local health officer to enforce this chapter or a county's election not to enforce this chapter, as provided in Section 116500...

- (k)
- (1) The State Water Resources Control Board shall appoint a deputy director who reports to the executive director to oversee the issuance and enforcement of public water system permits and other duties as appropriate. The deputy director shall have public health expertise.
  - (2) The deputy director is delegated the State Water Resources Control Board's authority to provide notice, approve notice content, approve emergency notification plans, and take other action pursuant to Article 5 (commencing with Section 116450), to issue, renew, reissue, revise, amend, or deny any public water system permits pursuant to Article 7 (commencing with Section 116525), to suspend or revoke any public water system permit pursuant to Article 8 (commencing with Section 116625), and to issue citations, assess penalties, or issue orders pursuant to Article 9 (commencing with Section 116650). Decisions and actions of the deputy director taken pursuant to Article 5 (commencing with Section 116450) or Article 7 (commencing with Section 116525) are deemed decisions and actions taken, but are not subject to reconsideration, by the State Water Resources Control Board. Decisions and actions of the deputy director taken pursuant to Article 8 (commencing with Section 116625) and Article 9 (commencing with Section 116650) are deemed decisions and actions taken by the State Water Resources Control Board, but any aggrieved person may petition the State Water Resources Control Board for reconsideration of the decision or action. This subdivision is not a limitation on the State Water Resources Control Board's authority to delegate any other powers and duties.

**Section 116275 states in relevant part:**

(c) "Primary drinking water standards" means:

- (1) Maximum levels of contaminants that, in the judgment of the state board, may have an adverse effect on the health of persons.
- (2) Specific treatment techniques adopted by the state board in lieu of maximum contaminant levels pursuant to subdivision (j) of Section 116365.
- (3) The monitoring and reporting requirements as specified in regulations adopted by the state board that pertain to maximum contaminant levels.

**Section 116555 states in relevant part:**

- (a) Any person who owns a public water system shall ensure that the system does all of the following:
- (1) Complies with primary and secondary drinking water standards.
  - (2) Will not be subject to backflow under normal operating conditions.
  - (3) Provides a reliable and adequate supply of pure, wholesome, healthful, and potable water.

**Section 116577. Enforcement fee states:**

(a) Each public water system shall reimburse the state board for actual costs incurred by the state board for any of the following enforcement activities related to that water system:

- (1) Preparing, issuing, and monitoring compliance with, an order or a citation.
- (2) Preparing and issuing public notification.
- (3) Conducting a hearing pursuant to Section 116625. *NOTE: This publication includes a variety of* (b) The state board shall submit an invoice for these enforcement costs to the public water system that requires payment before September 1 of the fiscal year following the fiscal year in which the costs were incurred. The invoice shall indicate the total hours expended, the reasons for the expenditure, and the hourly cost rate of the state board. The costs set forth in the invoice shall not exceed the total actual costs to the state board of enforcement activities specified in this section.

(c) Notwithstanding the reimbursement of enforcement costs of the local primacy agency pursuant to subdivision (a) of Section 116595 by a public water system under the jurisdiction of the local primacy agency, a public water system shall also reimburse enforcement costs, if any, incurred by the state board pursuant to this section.

(d) "Enforcement costs," as used in this section, does not include "litigation costs" pursuant to Section 116585.

(e) The state board shall not be entitled to enforcement costs pursuant to this section if a court determines that enforcement activities were in error.

(f) Payment of the invoice shall be made within 90 days of the date of the invoice. Failure to pay the invoice within 90 days shall result in a 10-percent late penalty that shall be paid in addition to the invoiced amount.

(g) The state board may, at its sole discretion, waive payment by a public water system of all or any part of the invoice or penalty.

**Section 116625 (Revocation and suspension of permits) states:**

(a) The department, after a hearing noticed and conducted as provided in Section 100171, may suspend or revoke any permit issued pursuant to this chapter if the department determines pursuant to the hearing that the permittee is not complying with the permit, this chapter, or any regulation, standard, or order issued or adopted thereunder, or that the permittee has made a false statement or representation on any application, record, or report maintained or submitted for purposes of compliance with this chapter. If the permit at issue has been temporarily suspended pursuant to subdivision (c), the accusation shall be served and notice of the hearing date given within 15 days of the effective date of the temporary suspension order. The commencement of the hearing shall be as soon as practicable, but in no case later than 60 days after the effective date of the temporary suspension order.

(b) The permittee may file with the superior court a petition for a writ of mandate for review of any decision of the department made pursuant to subdivision (a). Failure to file a petition shall not preclude a party from challenging the reasonableness or validity of a decision of the department in any judicial proceeding to enforce the decision or from pursuing any remedy authorized by this chapter.

(c) The department may temporarily suspend any permit issued pursuant to this chapter prior to any hearing when the action is necessary to prevent an imminent or substantial danger to health. The director shall notify the permittee of the temporary suspension and the effective date thereof and, at the same time, notify the permittee that a hearing has been scheduled. The hearing shall be held as soon as possible, but not later than 15 days after the effective date of the temporary suspension and shall deal only with the issue of whether the temporary suspension shall remain in place pending a hearing on the merits. The temporary suspension shall remain in effect until the hearing is completed and the director has made a final determination on the temporary suspension, that in any event shall be made within 15 days after the completion of the hearing. If the determination is not transmitted within 15 days after the hearing is completed, the temporary suspension shall be of no further effect. Dissolution of the temporary suspension does not deprive the department of jurisdiction to proceed with a hearing on the merits under subdivision (a).

**Section 116650 states in relevant part:**

(a) If the State Board determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the State Board may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.

(b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.

(c) A citation may specify a date for elimination or correction of the condition constituting the violation.

(d) A citation may include the assessment of a penalty as specified in subdivision (e).



(e) The State Board may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation and shall be in addition to any liability or penalty imposed under any other law.

**Section 116701 (Petitions to Orders and Decisions) states:**

(a) Within 30 days of issuance of an order or decision issued by the deputy director under Article 8 (commencing with Section 116625) or Article 9 (commencing with Section 116650), an aggrieved person may petition the state board for reconsideration. Where the order or decision of the deputy director is issued after a hearing under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, this section shall apply instead of Section 11521 of the Government Code.

(b) The petition shall include the name and address of the petitioner, a copy of the order or decision for which the petitioner seeks reconsideration, identification of the reason the petitioner alleges the issuance of the order was inappropriate or improper, the specific action the petitioner requests, and other information as the state board may prescribe. The petition shall be accompanied by a statement of points and authorities of the legal issues raised by the petition.

(c) The evidence before the state board shall consist of the record before the deputy director and any other relevant evidence that, in the judgment of the state board, should be considered to implement the policies of this chapter. The state board may, in its discretion, hold a hearing for receipt of additional evidence.

(d) The state board may refuse to reconsider the order or decision if the petition fails to raise substantial issues that are appropriate for review, may deny the petition upon a determination that the issuance of the order or decision was appropriate and proper, may set aside or modify the order or decision, or take other appropriate action. The state board's action pursuant to this subdivision shall constitute the state board's completion of its reconsideration.

(e) The state board, upon notice and hearing, if a hearing is held, may stay in whole or in part the effect of the order or decision of the deputy director.

(f) If an order of the deputy director is subject to reconsideration under this section, the filing of a petition for reconsideration is an administrative remedy that must be exhausted before filing a petition for writ of mandate under Section 116625 or 116700.

**California Code of Regulations, Title 22 (CCR):**

**Section 64426.1 (Total Coliform Maximum Contaminant Level (MCL)) states in relevant part:**

(b) A public water system is in violation of the total coliform MCL when any of the following occurs:

- (1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or
- (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or
- (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or
- (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.

(c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the State Board by the end of the business day on which this is determined, unless the determination occurs after the State Board office is closed, in which case the supplier shall notify the State Board within 24 hours of the determination. The water supplier shall also notify the consumers served by the water system. A Tier 2 Public Notice shall be given for violations of paragraph (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraph (b)(3) or (4), pursuant to section 64463.1.

**Section 64463.4 (Tier 2 Public Notice) states:**

(a) A water system shall give public notice pursuant to this section if any of the following occurs:

- (1) Any violation of the MCL, MRDL, and treatment technique requirements, except:
  - (A) Where a Tier 1 public notice is required under section 64463.1; or
  - (B) Where the State Board determines that a Tier 1 public notice is required, based on potential health impacts and persistence of the violations;
- (2) All violations of the monitoring and testing procedure requirements in sections 64421 through 64426.1, article 3 (Primary Standards – Bacteriological Quality), for which the State Board determines that a Tier 2 rather than a Tier 3 public notice is required, based on potential health impacts and persistence of the violations;
- (3) Other violations of the monitoring and testing procedure requirements in this chapter, and chapters 15.5, 17 and 17.5, for which the State Board determines that a Tier 2 rather than a Tier 3 public notice is required, based on potential health impacts and persistence of the violations; or
- (4) Failure to comply with the terms and conditions of any variance or exemption in place.

(b) A water system shall give the notice as soon as possible within 30 days after it learns of a violation or occurrence specified in subsection (a), except that the water system may request an extension of up to 60 days for providing the notice. This extension would be subject to the State Board's written approval based on the violation or occurrence



having been resolved and the State Board's determination that public health and welfare would in no way be adversely affected. In addition, the water system shall:

- (1) Maintain posted notices in place for as long as the violation or occurrence continues, but in no case less than seven days;
- (2) Repeat the notice every three months as long as the violation or occurrence continues. Subject to the State Board's written approval based on its determination that public health would in no way be adversely affected, the water system may be allowed to notice less frequently but in no case less than once per year. No allowance for reduced frequency of notice shall be given in the case of a total coliform MCL violation or violation of a Chapter 17 treatment technique requirement; and
- (3) For turbidity violations pursuant to sections 64652.5(c)(2) and 64653(c), (d) and (f), as applicable, a water system shall consult with the State Board as soon as possible within 24 hours after the water system learns of the violation to determine whether a Tier 1 public notice is required. If consultation does not take place within 24 hours, the water system shall give Tier 1 public notice within 48 hours after learning of the violation.

(c) A water system shall deliver the notice, in a manner designed to reach persons served, within the required time period as follows:

- (1) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, community water systems shall give public notice by:
  - (A) Mail or direct delivery to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system; and
  - (B) Use of one or more of the following methods to reach persons not likely to be reached by a mailing or direct delivery (renters, university students, nursing home patients, prison inmates, etc.):
    1. Publication in a local newspaper;
    2. Posting in conspicuous public places served by the water system, or on the Internet; or
    3. Delivery to community organizations.
- (2) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, noncommunity water systems shall give the public notice by:
  - (A) Posting in conspicuous locations throughout the area served by the water system; and
  - (B) Using one or more of the following methods to reach persons not likely to be reached by a public posting:
    1. Publication in a local newspaper or newsletter distributed to customers;
    2. E-mail message to employees or students;
    3. Posting on the Internet or intranet; or
    4. Direct delivery to each customer.

**Section 64465 (Public Notice Content and Format) states in relevant part:**

(a) Each public notice given pursuant to this article, except Tier 3 public notices for variances and exemptions pursuant to subsection (b), shall contain the following:

- (1) A description of the violation or occurrence, including the contaminant(s) of concern, and (as applicable) the contaminant level(s);
- (2) The date(s) of the violation or occurrence;
- (3) Any potential adverse health effects from the violation or occurrence, including the appropriate standard health effects language from appendices 64465-A through G;
- (4) The population at risk, including subpopulations particularly vulnerable if exposed to the contaminant in drinking water;
- (5) Whether alternative water supplies should be used;
- (6) What actions consumers should take, including when they should seek medical help, if known;
- (7) What the water system is doing to correct the violation or occurrence;
- (8) When the water system expects to return to compliance or resolve the occurrence;
- (9) The name, business address, and phone number of the water system owner, operator, or designee of the water system as a source of additional information concerning the public notice;
- (10) A statement to encourage the public notice recipient to distribute the public notice to other persons served, using the following standard language: —Please share this information with all the other people who drink this water, especially those who may not have received this public notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail; and
- (11) For a water system with a monitoring and testing procedure violation, this language shall be included: "We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During [compliance period dates], we ['did not monitor or test' or 'did not complete all monitoring or testing'] for [contaminant(s)], and therefore, cannot be sure of the quality of your drinking water during that time." ...

(c) A public water system providing notice pursuant to this article shall comply with the following multilingual-related requirements:

(2) For a Tier 2 or Tier 3 public notice:

(A) The notice shall contain information in Spanish regarding the importance of the notice, or contain a telephone number or address where Spanish-speaking residents may contact the public water system to obtain a translated copy of the notice or assistance in Spanish; and

(B) When a non-English speaking group other than Spanish-speaking exceeds 1,000 residents or 10 percent of the residents served by the public water system, the notice shall include:

1. Information in the appropriate language(s) regarding the importance of the notice; or
2. A telephone number or address where such residents may contact the public water system to obtain a translated copy of the notice or assistance in the appropriate language; and

(3) For a public water system subject to the Dymally-Alatorre Bilingual Services Act, Chapter 17.5, Division 7, of the Government Code (commencing with section 7290), meeting the requirements of this Article may not ensure compliance with the Dymally-Alatorre Bilingual Services Act.

(d) Each public notice given pursuant to this article shall:

(1) Be displayed such that it catches people's attention when printed or posted and be formatted in such a way that the message in the public notice can be understood at the eighth-grade level;

(2) Not contain technical language beyond an eighth-grade level or print smaller than 12 point; and

(3) Not contain language that minimizes or contradicts the information being given in the public notice.

#### **Appendix 64465-A. Health Effects Language - Microbiological Contaminants.**

<b>Contaminant</b>	<b>Health Effects Language</b>
Total Coliform	Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.
Fecal coliform/E. coli	Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.
Turbidity	Turbidity has no health effects. However, high levels of turbidity can interfere with disinfection and provide a medium for microbial growth. Turbidity may indicate the presence of disease-causing organisms. These organisms include bacteria, viruses, and parasites that can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

#### **Section 64469 (Reporting Requirements) states in relevant part:**

(d) Within 10 days of giving initial or repeat public notice pursuant to Article 18 of this Chapter, except for notice given under section 64463.7(d), each water system shall submit a certification to the State Board that it has done so, along with a representative copy of each type of public notice given.

#### **Section 64481 (Content of the Consumer Confidence Report) states in relevant part:**

(g) For the year covered by the report, the Consumer Confidence Report shall note any violations of paragraphs (1) through (7) and give related information, including any potential adverse health effects, and the steps the system has taken to correct the violation.

(1) Monitoring and reporting of compliance data.

# Bacteriological Distribution Monitoring Report

**5400682 Plainview MWC - Central Water Co.**
**Distribution System Freq: 1/M**

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
8/29/2017	5 Samples	A	A			Repeat	0.60-0.80				
8/8/2017	19536 Vista	P	A			Routine					Well collected as part of this set.
8/7/2017	19530 Alder	P	A			Routine					
8/7/2017	19528 Vista	P	A			Routine			MCL		
8/7/2017	19519 Ave 196	P	A			Routine					
7/20/2017	19528 Vista	<1	<1			Repeat					
7/20/2017	19530 Alder	<1	<1			Repeat					
7/20/2017	19536 Vista	<1	<1			Repeat					
7/20/2017	Well repeat	1	<1			Source Repeat			MCL		Level 2 req'd.
7/17/2017	19530 Alder	P	A			Routine					
6/12/2017	19530 Alder Ave	A	A			Routine					
5/11/2017	5 samples	<1	<1			Routine					
4/26/2017	19530 Alder	<1	<1			Repeat	1.50				
4/26/2017	19546 Vista	<1	<1			Routine	1.50				
4/26/2017	19536 Vista	<1	<1			Repeat	1.50				
4/26/2017	19521 Ave	<1	<1			Repeat	1.50				
4/19/2017	19530 Alder	<1	<1			Routine					
4/19/2017	19546 Vista	<1	<1			Routine					
4/19/2017	19536 Vista	1	<1			Routine					
4/19/2017	19530 Vista	<1	<1			Routine					
4/19/2017	19521 Ave 196	<1	<1			Routine					
4/6/2017	19530 Alder	2	<1			Repeat					Repeat for March
4/6/2017	19546 Vista	<1	<1			Repeat					Repeat for March
4/6/2017	19536 Vista	4.1	<1			Repeat					Repeat for March
4/6/2017	19530 Vista	1	<1			Routine					Repeat for March
4/6/2017	19521 Ave 196	1	<1			Repeat					Repeat for March
4/5/2017	19530 Alder	<1	<1			Repeat					Repeat for March
4/5/2017	19546 Vista	<1	<1			Repeat					Repeat fro March
4/5/2017	19536 Vista	<1	<1			Repeat					Repeat for March
4/5/2017	19530 Vista	<1	<1			Repeat					
4/5/2017	19521 Ave 196	<1	<1			Repeat					Repeat for March
3/30/2017	19530 Alder	<1.1	<1.1			Repeat					
3/30/2017	19546 Vista	<1.1	<1.1			Repeat					
3/30/2017	19536 Vista	<1.1	<1.1			Repeat					
3/30/2017	19530 Vista	<1.1	<1.1			Repeat					
3/30/2017	19521 Ave 196	<1.1	<1.1			Repeat					
3/21/2017	Notification to the Division										L1: T.Day called to inform that 4 of 5 samples were TC+.
3/20/2017	19530 Alder	P	A			Routine					
3/20/2017	19546 Vista	P	A			Routine					
3/20/2017	19536 Vista	P	A			Routine			MCL		6/16/17 Issued Cit 03_12_17C_022.
3/20/2017	19528 Vista	A	A			Routine					
3/20/2017	19525 Ave 196	P	A			Routine					
2/27/2017	Well repeat	<1.1	<1.1			Source Repeat					
2/27/2017	19530 Alder	A	A			Repeat					
2/27/2017	19536 Vista	A	A			Repeat					
2/27/2017	19546 Vista	A	A			Repeat					

<i>Sample Date</i>	<i>Location</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Type</i>	<i>Cl2</i>	<i>Cl2 Avg</i>	<i>Viol. Type</i>	<i>GWR Satisfied?</i>	<i>Comments</i>
2/24/2017	19503 Alder	P	A			Routine					
1/10/2017	19530 Alder	A	A			Routine					
1/10/2017	19546 Vista	A	A			Routine					
1/10/2017	19536 Vista	A	A			Routine					
1/10/2017	19530 Vista	A	A			Routine					
1/10/2017	19521 Ave 196	A	A			Routine					Water Outage 12/25/17. Well pump needed to be repaired, DND issued.

#### ***Violation Key***

MCL	Exceeds Maximum Contaminant Level (L1 RTCR)	GWR	Tier 1 or Tier 2 notification req'd
MR1	No monthly sample for the report month	GR1	GWR M&R violation
MR2	No quarterly sample for the report quarter	L1	Level 1 Trigger RTCR (TCRMCL)
MR3	Incorrect number of routine samples for the report month	L2a	Level 2-EC+ Routine w/TC+Repeat
MR4	Did not collect 5 routine samples for previous month's positive sample	L2b	Level 2-TC+ Routine w/EC+ Repeat
MR5	Incorrect number of repeat samples as follow-up to a positive sample	L2c	Level 2-EC+ Routine w/No Repeats
MR6	No source sample	L2d	Level 2-Repeat at GWR source monitoring is EC+
MR7	No summary report submitted	L2e	Level 2-Two (2) Level 1 Triggers in a 12-month period
MR8	Other comments and/or info		



# Source Bacteriological Monitoring Report

**5400682 Plainview MWC - Central Water Co.**

<i>Sample Date</i>	<i>Time</i>	<i>Source</i>	<i>Sample Type</i>	<i>Test Method</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Violation</i>	<i>Comments</i>
8/7/2017	8:00	Well	Well	MPN	<1.1	<1.1				
7/20/2017		Well	Well	MPN	1	<1				
4/26/2017	3:40	Well	Well	MPN	<1	<1				Repeat for April
4/19/2017	3:20	Well	Well	MPN	<1	<1				
4/6/2017	2:30	Well	Well	MPN	<1	<1				Repeat for March
4/5/2017	10:30	Well	Well	MPN	<1	<1				Repeat for March
3/22/2017	3:28	Well	Well	MPN	<1	<1				
2/27/2017	9:45	Well	Well	MPN	<1.1	<1.1				
1/9/2017	9:00	Well	Well	MPN	<1.1	<1.1				



EDMUND G. BROWN JR.  
GOVERNOR

MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

Division of Drinking Water

August 18, 2017

Mr. Cruz Rivera, Board Vice President  
Plainview Mutual Water Company - Central  
System No.: 5400682  
19675 Vista Ave  
Strathmore, CA 93267

### RE: March & July 2017 TCR/RTCR MCL Failure – Level 2 Assessment

Dear Mr. Rivera:

On July 17, 2017, the Division was notified that the Plainview Mutual Water Company – Central water system (Water System) bacteriological sample results were positive for total coliform which resulted in a Total Coliform Rule and Revised Total Coliform Rule (TCR/RTCR) Maximum Contaminate Level (MCL) failure for July 2017. The Water System also failed the TCR/RTCR for March 2017. Two TCR/RTCR MCL failures within 12 calendar months trigger a Level 2 Assessment by the Division.

On August 16, 2017, Mr. Jason Cunningham and Mrs. Cristina Knudsen of the Visalia District conducted an onsite Level 2 Assessment of the Water System with Mr. Tom Day, Contract Operator.

Upon completion of the Level 2 Assessment, Division staff identified potential bacteriological contamination locations during the inspection. Some of the items were also identified in the February 2017 Sanitary Survey Report. Pictures of some of the potential contamination points are attached for reference. **Complete the below action items and submit proof of the completion of the correction to the Division via email ([dwpdist12@waterboards.ca.gov](mailto:dwpdist12@waterboards.ca.gov)).** The corrective action items which require attention are:

1. By August 31, 2017, please sign the attached Level 2 Assessment and return it to the Visalia District.
2. By October 16, 2017, the Water System needs check the integrity of the pressure tank coating, check the inside surface of the tank walls and clean the tank if needed.
3. By October 16, 2017, the Water System needs to conduct a cross-connection control survey to identify potential hazards in the distribution system.

The Level 2 Assessment requires the Water System to submit to the Division within 30 days, a proposed timetable for completing any corrective action that were not completed within the 30 day period. The Water System must notify the Division within 5 business days when each scheduled corrective actions is to be completed. The Division is required to report any water system to the US Environmental Protection Agency (EPA) if the Water System fails to comply with the RTCR and its associated deadlines.

August 18, 2017

Effective April 1, 2016, the State Water Resources Control Board – Division of Drinking Water (Division) began implementing the Federal Revised Total Coliform Rule (RTCR). Please visit the following web site for more information regarding the Federal RTCR:

<https://www.epa.gov/dwreginfo/revised-total-coliform-rule-and-total-coliform-rule>

If you have any questions regarding this letter, please contact me at (559) 447-3300 or Jason Cunningham at 559-447-3484.

Sincerely,

A handwritten signature in blue ink that reads "Tricia A. Wathen". The signature is fluid and cursive, with the first name "Tricia" and last name "Wathen" clearly legible.

Tricia A. Wathen, P.E.  
Senior Sanitary Engineer, Visalia District  
SOUTHERN CALIFORNIA BRANCH  
DRINKING WATER FIELD OPERATIONS

TAW/JC

Enclosures: US EPA RTCR Level 2 Assessment Form  
Water System Pictures

cc: Tulare County Environmental Health Department  
Tom Day, Contract Operator



**Attachment**  
**Plainview MWC—Central Water System (System No.: 5400682)**  
**Photographs**

**At the time of the assessment, the well cap was not secured. The well cap was secured at the inspection.**



**The 3,000 gallon pressure tank was found to be in poor condition. The tank was found to be badly corroded and leaking in some areas which not only poses a health risk, but a safety risk for the operator and surrounding residents.**

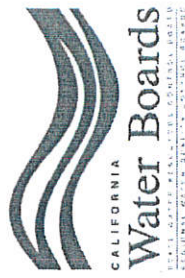


**Additional photo of pressure tank.**





# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

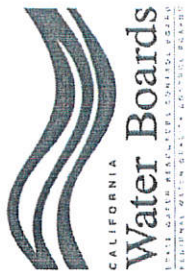


This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. **To avoid a violation, an assessment report must be no later than 30 days after the trigger date.**

PWS ID#: 5400682		PWS Name: Plainview MWC – Central		
Primary Operator (print name): Tom Day		Phone: 559-535-5654		
Assessment trigger date: 8/7/2017		Date Assessment Completed: 8/16/2017		
SEASONAL: YES <input type="checkbox"/> NO <input type="checkbox"/>		Reason for Assessment: 2 <sup>nd</sup> bacteriological failure in a 12 month period		
Assessment Elements	Indicate Element number being described.			Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A	
<b>1. Review of the sample sites</b>				
1.1 Was the sample taken at the routine coliform site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2 Was the tap area unsanitary at the time of sampling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.3 Was this sample taken from an outside faucet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4 Was the sample taken from a swivel tap?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.5 Did the tap have a point of use treatment device on it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.6 Does the building where the sample was taken have a point of entry device?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.7 Has this location undergone any plumbing replacements or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.9 Is this location near a storage tank or dead end?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.10. Any other sample site issues not previously mentioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2. Review of sample protocol</b>				
2.1 Is the sampler a regular, trained sampler?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2 Was a laboratory-provided TC sample bottle used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3 Was the aerator removed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.4 Was the water tap flushed for at least 5 minutes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5 Was the tap disinfected or flamed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6 Did the sample get too warm prior to being placed on ice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.7 Was there other sampler error? Describe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.8 If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.9 Any other sample protocol issues not previously mentioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.



Assessment Elements	Y N N/A			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
3. Review of the distribution system.					
3.1 Have any mains been recently replaced or service lines recently added?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.12 - potential cross-connection by a nearby commercial building.	Conduct a cross-connection control survey.
3.2 Have fire hydrants or blow offs been recently flushed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.3 Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.4 Any leaks or main breaks noted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.5 Are all of the backflow prevention devices operational and maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.6 Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.7 Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.8 Any recent pump station failures or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.9 Air relief valve leaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.10 Standing water or debris in valve vault?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.11 Any recent power loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.12 Any unprotected cross connections (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.13 Any other distribution issue not previously mentioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Review of storage tank(s) (Note the specific facility if any issues are found)					
4.1 Is there a presence of animals or insects in the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.2 Are there breaches or holes of any sort into tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Is there any presence of animal droppings around openings, vents or overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Is there sediment buildup and floating debris in tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Is there a #24 mesh screen installed on vents and overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Is the #24 mesh screen damaged or not properly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



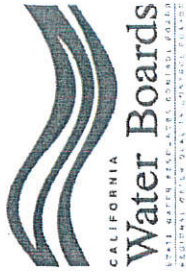
# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.



Assessment Elements	Y	N	N/A	Issue Description	Corrective Action Taken or Planned to be Taken and Date
4.9 Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10 Was the hatch locked or secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11 Has the tank been accidentally drained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.12 Have there been high flows through the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.13 Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.14 Was the sample taken when the tank was at the low level mark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.15 Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.16 Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.17 Was there any power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.18 Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.19 Any other storage tank issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Review of treatment process (if applicable)					
5.1 Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.2 Have there been any new treatment processes added or new equipment installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.3 Have there been any recent repairs of major unit processes or treatment equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4 Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.5 Has a coagulant been added at all times the plant has been filtering water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.6 Have there been changes in raw water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.7 Was the finished water turbidity increasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.8 Have filter clogging algae caused more frequent backwashing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.

Assessment Elements	Y			N			N/A			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A	Y	N	N/A	Y	N	N/A		
5.9 Has a disinfectant been added at all times or have there been any failures in adding disinfectant for any length of time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5.10 Has there been any vandalism or tampering at the plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5.11 Any other treatment plant issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Sources – Well(s)											
6. (Note the specific facility if any issues are found)											
6.1 Is the sanitary seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.2 Is the well cap defective or damaged or not water tight?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.3 Does the vent have a #24 mesh screen?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.4 Is the vent screen damaged or not installed properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.5 Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.6 How is the well used? (Circle if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
6.7 Are there any unprotected cross connections at the wellhead? Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.8 Is the pitless adapter damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
6.9 Is there a missing or damaged grout seal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.10 Has there been any recent work performed on the pump?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.11 Is the wellhead secured to prevent unauthorized access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.12 Have there been any sewer spills, source water spills or other disturbances near the well?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.13 Is the well pit in standing water or evidence of flooding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.14 Any other well issues not previously mentioned above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Sources- Spring(s)											
(Note the specific facility if any issues are found)											
6.15 Is there evidence of flooding or infiltration of surface water runoff around the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.16 Is the spring box improperly developed or poorly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.17 Are there dead animals near the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

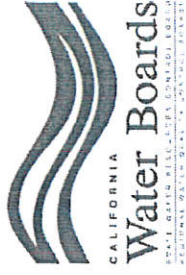
6.2: Well cap was off at time of inspection.  
 6.10: Pump replaced in Dec. 2016.  
 6.14: chickens can enter the well site. Goats located near well site as well. Approximately 30-ft away.

Primary Backup Emergency



# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.



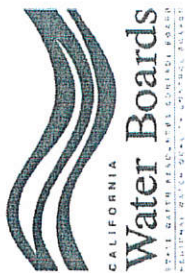
Assessment Elements	Y N N/A			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
6.18 Any other issues about springs not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Sources-purchased water					
6.19 Water quality issues with supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.20 Low disinfectant residual from supplier (typically $\leq 0.02$ mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.21 Any other purchased water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Applicable to all sources					
6.22 Has an unapproved source been used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.23 Has there been a change in sources?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.24 Has there been recent rapid snowmelt, heavy rainfall or flooding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.25 Any evidence of animals near the source?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.26 Have there been algae blooms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.27 Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.28 Any other source issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. Significant Deficiencies					
7.1 Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1- pressure tank after well head is leaking in several locations along with rusting.	Replace pressure tank.

Additional Comments:



# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. **To avoid a violation, an assessment report must be no later than 30 days after the trigger date.**



Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED): <i>Jason Cunningham</i>	
Signature: <i>[Signature]</i>	Date: <i>8/16/17</i>
Water system responsible party (PRINTED):	
Signature:	Date:

## Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for EC+ occurrence has been found.	<input type="checkbox"/>	<input type="checkbox"/>	
3. System has corrected the problem.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Corrective Action Approved?	<input type="checkbox"/>	<input type="checkbox"/>	

## IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.  
Por favor hable con alguien que lo pueda traducir.

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### Plainview MWC – Central Water Company's water system Had Levels of Coliform Bacteria Above the Drinking Water Standard

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Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took 5 samples to test for the presence of coliform bacteria in July 2017. Two (2) of these samples showed the presence of total coliform bacteria. In addition, 4 samples collected in August 2017 also detected the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

#### What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. We did not find any of these bacteria in our subsequent testing.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

#### What happened? What is being done?

We will be providing continuous chlorination of the system. We anticipate resolving the problem within two to three weeks.

For more information call:

Water System Contact: Juan Martinez at (559)853-7957, P.O. Box 942, Strathmore, CA 93267

Water System Operator: Tom Day at (559)5355654, P.O. Box 10642, Terra Bella, CA 93270

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.*

#### Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by Plainview MWC – Central Water Co. (5400682).

Date distributed: 8/22/17.

*Rec'd  
8/28/17  
el*

**PROOF OF NOTIFICATION**  
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Plainview MWC – Central Water Company (5400682)** of the failure to meet the **total coliform bacteria MCL** for the month of **July 2017** as directed by the Division. At least one primary distribution method is required: mail or hand-delivery. A second method is also required in order to reach persons not likely to be reached by a mailing or direct delivery (renters, nursing home patients, prison inmates, etc.):

*+ for  
August  
2017.  
el*

Notification was made on 8/22/17  
8/22/17

To summarize report delivery used and good-faith efforts used, please check all items below that apply and fill-in where appropriate:

- ☐ The notice was distributed by mail delivery to each customer served by the water system.
- ☒ The notice was distributed by direct delivery to each customer served by the water system.  
Specify direct delivery method(s) used: Hand Delivered
- ☐ Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- ☐ Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations).  
\_\_\_\_\_
- ☐ Posted the notice on the Internet at www.\_\_\_\_\_
- ☐ Other method used to notify customers. \_\_\_\_\_

**DISCLOSURE:** Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Certified by Name and Title: Cruz J Rivera Vice Pres.  
Date: 8/23/2017 Signature: [Signature]

Due to the Division of Drinking Water within 10 days of notification to the public  
Total Coliform MCL Failure / Enforcement Action No.: In progress

**CHLORINATION TREATMENT PLAN (GROUNDWATER SOURCE)**

Date of Plan: \_\_\_\_\_

Water System Name: \_\_\_\_\_ System No.: \_\_\_\_\_

Name of Treatment Facility: \_\_\_\_\_

**Brief description** of water system, number of service connections and population served, source (date of drilling, depth, perforations, pump setting), storage (capacity and material), chlorinator treatment unit (type of chlorinator pump, capacity of pump, manufacturer and model, and size of the chlorine solution storage tank):

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**Inspection:** A certified water distribution/treatment operator and trained personnel conduct inspection of the treatment facility(ies) which consists of visual inspection of the equipment, checking and filling the chlorine solution vessel, measuring the chlorine residual, adjusting the equipment, calculating the dosage rate and writing down the results of the inspection as explained below. Specifically:

1. *A certified water distribution or certified treatment operator* must come on-site and inspect the chlorination facility **MONTHLY**.
2. A certified operator can also assign *trained personnel* to do the following required activities **WEEKLY**.

**A. Visual inspection of chlorination pump and disinfection reservoir**

- i. Inspect the pump for proper operation.
- ii. Inspect the disinfectant in the reservoir for concentration and adequate volume for the operational period (record results).
- iii. Determine if there is enough disinfectant on hand for one or more weeks.

**B. Measure the disinfectant residual in the distribution system** (approved free chlorine test kit required).

- i. Record the results **WEEKLY** in the Chlorine Residual Report (see the attached sheet).
- ii. Determine if an adequate level of disinfectant is maintained.
- iii. If disinfectant level is low, determine the reason and correct.
- iv. If no measurable disinfectant, notify owner, determine reason, and remedy. If no disinfectant for 24 hours, notify Division.
- v. Send the Chlorine Residual Report monthly to the Division by fax or mail hardcopies by the 10<sup>th</sup> day following the end of month when the residuals were collected.

**Responding to failures or interruptions:** Failure or interruption of chlorination treatment will be handled in accordance with the attached written procedure. This procedure will include prompt correction of the problem and restoration of the chlorine residual. The availability of a replacement or back-up chemical feed system will be addressed. The certified operator, or trained personnel



under direction of the certified operator, shall be the only people permitted to respond to failures or interruptions.

**Record Keeping:** The record keeping requirements are shown on the attached forms. These forms or their equivalent will be used to maintain the following records:

1. Date and time of inspection, name of operator
2. Chlorine residual and location of residual measurement
3. Production records
4. Operational notes including weekly calculation of chemical dosage (*see* attached form)
5. Chlorination failure log
6. Maintenance performed (both preventative and unscheduled maintenance)

**Operator Certification**

Water System Name: \_\_\_\_\_ System No. \_\_\_\_\_

Name of the Person Preparing the Operations Plan: \_\_\_\_\_

Signature of the Person: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachments** - Forms for calculating dosages, chlorination failure plan, monitoring chlorine residuals and an chemical/equipment list.

Updated 11/23/16

## Response to Failures and Interruptions for Hypochlorination Systems

Name of System: \_\_\_\_\_ System Number: \_\_\_\_\_

In the event the chlorination system is found to be not operating or injecting too little chlorine solution, the following plan of action will be taken to correct the problem or situation. The plan should address the availability of a spare chlorinator, manual feeding of chlorine until the problem is resolved, more frequent chlorine residual monitoring, etc.:

### Short-term chlorinator interruption (i.e. less than one day):

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### Long-term chlorine interruption (i.e. chlorinator cannot be repaired):

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Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: This plan is to be posted at the chlorination station.  
This plan is to be reviewed and updated annually.

## Calculating Chemical Dosages

The calculation of chlorine dosage is important in order to track the effectiveness of the chlorine feed process. To calculate the chlorine dosage over a specific period of time, you need to know:

1. Quantity of water produced during the specific time period (gallons);
2. Amount of solution injected during the specific time period (gallons);
2. Percent of available chlorine in the liquid hypochlorite used (usually 5.25% or 12.5%);
3. Specific gravity (SG) of pure liquid chlorine (usually 1.1 to 1.23).
4. Number of gallons of liquid hypochlorite used to make the solution;
5. Number of gallons of solution made with one gallon of the liquid hypochlorite. For example, if one gallon of liquid hypochlorite is added to 24 gallons of water, the final mixture would contain 25 gallons of solution.

The dosage is calculated by plugging these numbers into the formula ("X" means multiply!):

$$\text{Dosage} = \frac{10,000 \times (\text{Amount of solution injected}) \times (\text{Percent of available chlorine}) \times \text{SG}}{(\text{Quantity of water produced}) \times (\text{Gallons of solution made with one gallon of hypochlorite})}$$

**Example:** Over a seven-day period, a system produced 40,000 gallons of water. During that time period, the system used 18 gallons of solution. When mixing up the solution, the operator mixes one gallon of liquid hypochlorite with 24 gallons of water to make 25 gallons of solution. The percent of available chlorine in the liquid hypochlorite is 12.5% and its specific gravity is 1.2. The following is a calculation of the dosage:

$$\text{Dosage} = \frac{10,000 \times (18) \times (12.5)(1.2)}{(40,000) \times (25)} = 2.70 \text{ milligrams per liter (mg/l)}$$

### Weekly Dosage Calculations

Week 1 - Date \_\_\_\_\_ Dosage =  $\frac{10,000 \times ( \quad ) \times ( \quad )}{( \quad ) \times ( \quad )} =$

Week 2 - Date \_\_\_\_\_ Dosage =  $\frac{10,000 \times ( \quad ) \times ( \quad )}{( \quad ) \times ( \quad )} =$

Week 3 - Date \_\_\_\_\_ Dosage =  $\frac{10,000 \times ( \quad ) \times ( \quad )}{( \quad ) \times ( \quad )} =$

Week 4 - Date \_\_\_\_\_ Dosage =  $\frac{10,000 \times ( \quad ) \times ( \quad )}{( \quad ) \times ( \quad )} =$

# Chlorination Operational Log

Well No./Name \_\_\_\_\_

Month and Year \_\_\_\_\_

System Number/Name \_\_\_\_\_

Were there any malfunctions of the chlorination system this month? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the date the malfunction occurred and action taken. Problems that cannot be promptly corrected must be reported to the Division. Bacteriological sampling must be conducted if the safety of the water is in question:

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Date	Time	Operator Initials	Free Chlorine Residual	Production Meter Reading	Gallons of Water Produced	Gallons of Chlorine Solution Used	Chlorine Dosage (mg/L)	Operational Notes
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
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31								

1. Operational notes include weekly dosage calculations, addition of solution, changes in feed rate and other pertinent info.
2. This form is to be maintained for each chlorination facility.
3. This form is to be kept on file for review by the Department.



## Chlorine Residual Report

System Name: \_\_\_\_\_ Month: \_\_\_\_\_

System Number: \_\_\_\_\_ Year: \_\_\_\_\_

Day	Sampling Address	Residual
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

## Chemical and Equipment List

Chemical Name: \_\_\_\_\_

Chemical Supplier (product name and telephone): \_\_\_\_\_

Storage Tank (size and manufacturer): \_\_\_\_\_

Chemical Metering Pump (type, name, model and size): \_\_\_\_\_

Other Equipment Information:

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### List of Telephone Contacts

	Name	Phone #
1.	Tricia Wathen, SWRCB Visalia District Office	Office: (559) 447-3300 / Cell: (559) 696-8506
2.	Certified Operators (include certification level)	
3.	Laboratory	
4.	Primary community members	
5.		

**STATE OF CALIFORNIA**  
**APPLICATION**  
**FOR**  
**DOMESTIC WATER SUPPLY PERMIT AMENDMENT**  
**FROM**

Applicant: \_\_\_\_\_  
 (Enter the name of legal owner, person(s) or organization)

Address: \_\_\_\_\_

System Name: \_\_\_\_\_

System Number: \_\_\_\_\_

TO: Division of Drinking Water  
 Southern California Branch  
 Drinking Water Field Operations  
 Visalia District Office  
 265 W. Bullard Avenue, Suite 101  
 Fresno, California, 93704



Pursuant and subject to the requirements of the California Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), Article 7, Section 116550, relating to changes requiring an amended permit, application is hereby made to amend an existing water supply permit to \_\_\_\_\_

(Applicant must state specifically what is being applied for - whether to construct

new works, make alterations or additions in works or sources, or change or modify treatment.)

I (We) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my (our) knowledge and that I (we) are acting under authority and direction of the responsible legal entity under whose name this application is made.

By: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dated: \_\_\_\_\_

## Stage II Disinfectants/Disinfection Byproduct Rule Monitoring Plan Form

### For Small Water Systems

TTHM MCL = 0.080 mg/l      HAA5 MCL = 0.060 mg/l

System Name: \_\_\_\_\_ System No. \_\_\_\_\_

No. of Monitoring Locations: \_\_\_\_\_ Population: \_\_\_\_\_ No. of pressure zones: \_\_\_\_\_

Source Type: (Circle all that apply):    Groundwater      Surface Water      Both

**(The following information may be attached in a separate table or sheet if necessary.)**

A map of the distribution system must be attached to include all the facilities mentioned below and DBP sample location(s) **is required**. A picture of the DBP monitoring location(s) is optional.

#### TTHM/HAA5 Monitoring Frequency

Location 1: \_\_\_\_\_ PSCode: \_\_\_\_\_

Frequency: Routine \_\_\_\_\_ Increased \_\_\_\_\_ Reduced \_\_\_\_\_

Sample Location Description (Address, Building No., Source, etc.): \_\_\_\_\_

Water Quality Lab: \_\_\_\_\_

Sample Date (Month): \_\_\_\_\_

Justification for selecting site: \_\_\_\_\_

Location 2: \_\_\_\_\_ PSCode: \_\_\_\_\_

Frequency: Routine \_\_\_\_\_ Increased \_\_\_\_\_ Reduced \_\_\_\_\_

Sample Location Description (Address, Building No., Source, etc.): \_\_\_\_\_

Water Quality Lab: \_\_\_\_\_

Sample Date (Month): \_\_\_\_\_

Justification for selecting site: \_\_\_\_\_

**(If there are more monitoring locations attach on an additional sheet.)**

#### Calculating MCL Compliance

Compliance will be based on concentration of an annual sample result per sample location.

#### Disinfectant Residual Monitoring (Free Chlorine Residual)

**Sample Location & Frequency:** Same time and location as coliform bacteriological monitoring sample(s). See system Bacteriological Sample Siting Plan. The maximum residual disinfectant level (MRDL) = 4 mg/L.

**Source Name(s), Location(s) and, if applicable, Seasonal Variability of Use:**

**Treatment Plant Facilities** (Includes each chlorinator and its injection point):

**Storage Tank(s) Identification & Location:**

Signature

Date